

STATE OF HAWAII

REQUEST FOR CRISIS PURCHASE OF SERVICE  
PURSUANT TO SECTION 103F-406, HRS

To: Chief Procurement Officer

'06 MAR 24 P3:36

From: Health/Developmental Disabilities Division

*Department/Division/Branch/Office/Program*

Pursuant to Section 103F-406, HRS, and Chapter 3-147, HAR, the Department Head has determined a crisis condition exists and requests approval to make a crisis purchase for the following:

Title and description of health and human service(s):

This is to request an amendment to approved CR No. 06-02 on 11/02/05 for client, JF, for services rendered from 9/1/05 to 11/11/05. Nursefinders, Inc., provider for client, has recently resubmitted new invoices with corrections in the amount to be paid that exceed the initial cost of the request.

The request was for transitional residential support services for an adult female with developmental disabilities/mental retardation, psychiatric disorder, with challenging behaviors. Individual had been hospitalized for an extended period of time (beyond the normal period for the injury). These residential services need to be provided under a quasi-medical behavioral model whereby the individual's services are directed by the behavior support plan. Due in part to the nature of the individual's needs, service requirements also include documentation of plan implementation and modifications as well as staff training for implementation.

Program is requesting authorization to increase level of funding for an additional \$100,000 (final adjustment \$500,000). This is due to unanticipated costs involving complexity of services necessary for case and direct worker overtime, and delay of provider to reconcile workers' timesheet for final billing purposes. Additionally, Program is requesting the exemption period to include November 12, 2005 as the program has a contract exemption approved and authorized to start November 13, 2005, which would leave one day between the each exemption not covered.

Provider Name:  BCP, Inc. dba Nursefinders of Hawaii	Contract Amount: ((\$300,000 orig amount 1 <sup>st</sup> amendment increased by \$100,000=\$400,000) additional \$100,000 - final adjustment will be \$500,000.
Provider Address: 1100 Ward Avenue, Suite 770 Honolulu, HI 96814	Term of Contract: From: September 1, 2005 (Orig. 5/12/2005 to 8/31/2005) To: November 11, 2005 (amend to November 12, 2005).

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Nature of the crisis condition (pursuant to section §3-147-201, HAR):

The individual sustained injuries which required hospitalization, however, she remained in the hospital significantly longer than the usual and customary period. Hospital demanded that the Department of Health (DOH), Developmental Disabilities Division find a residential option for the individual immediately. DOH administrators intervened with the guardian to negotiate an interim arrangement, whereby, the client would be supported without jeopardizing health and safety. Because of client's presenting conditions (which had been exacerbated by her hospitalization), particularly her challenging behaviors, the Department agreed to provide 1:1 and 2:1 personal assistance supports directed by a behavior team to ensure her health and safety during her transition to Maui. Initially, this team is expected to be available, on-call, to address her challenging behaviors and it is anticipated that communications between team members, case manager, and guardian will be intense - beyond what is normal. The program is in the final phases of placement and at this time would not want to jeopardize placement by changing vendor and disrupting client's environment until placement is achieved.

Reason for selection of provider (including description of practicable competition):

Because of the residential location on Maui, there are limited providers with both the expertise and trained staff to implement and monitor behavior support plans. The selected provider has staffing and experience to provide the required services..

In addition, provider is a contracted Medicaid waiver provider. Services after stabilization period will be transitioned to funding under the Home and Community Based Services - DD/MR waiver.

For requests made after the purchase, explanation why it was not practicable to request approval prior to the purchase:

Staff has been working with the guardian to locate residential options. However, guardian had deferred decision making and had objected to options presented. In the interim, hospital called the Department for discharge and administrative decisions were made to meet hospital demands as well as client's and guardian's needs.

Crisis purchases of service are limited to current needs only. Justification for length of contract: Crisis Purchase of Service was limited to transition period from May through August, 2005 and approved for extension 9/1/05 to 11/11/05. Due to the dearth of available and appropriate resources on Maui, transition period needs to ensure stabilization. As program was still working with guardian to locate suitable placement for client, it will satisfy all parties involved.

Description of the state agency's internal controls and approval requirements for the purchase: Department of Health has limited providers who have contracts with the Department of Human Services as Medicaid waiver providers. Furthermore, given the nature of the situation, selected provider must have expertise and staffing to fulfill requirements and be able to provide services on Maui.

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A list of state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Dr. Linda Rosen, Deputy Director, Health Resources Administration, Department of Health

Dr. David Fray, Chief, Developmental Disabilities Division

Trudy Murakami, PHAO, Developmental Disabilities Division

Direct questions to (Name and Position): Dr. David Fray, Chief, DDD	Phone Number: 586-5840	e-mail Address: david.fray@doh.hawaii.gov
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I certify that the information provided above is to the best of my knowledge true and correct.

  
Department Health Signature

MAR 23 2006  
Date

Chiyome Leinaala Fukino, M.D.  
Typed Name

Director of Health  
Position Title

Chief Procurement Officer's Comments:

Please ensure adherence to applicable administrative requirements.

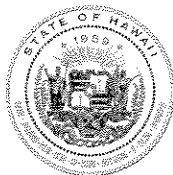
☒ Approved

☐ Denied

  
Chief Procurement Officer

4/13/06  
Date

LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES DIVISION

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In reply, please refer to:  
File:

P.O. BOX 3378  
HONOLULU, HAWAII 96801  
TELEPHONE: (808) 586-5840  
FAX NUMBER: (808) 586-5844  
ADMINISTRATION  
STATE PROCUREMENT OFFICE  
STATE OF HAWAII

April 12, 2006

TO: Mara Smith, SPO

FROM: David F. Fray, Division Chief, *DF*  
Developmental Disabilities Division,  
Department of Health

SUBJECT: CRISIS EXEMPTION REQUEST FOR NURSEFINDERS, INC.

This letter is being sent in response to your inquiry concerning the 2<sup>nd</sup> request to increase the amount of the Crisis Exemption Request from the original projected amount of \$300,000 to a total amount of \$500,000 for Nursefinders, INC.

As explained, the original amount was an estimated cost. Currently, to close this issue the final invoice amount is approximately \$500,000. To assure that the State is demonstrating "due diligence" to account for these funds, the program plans to field audit the expenditures for these crisis services prior to final payment for such services. Nursefinders has been verbally informed that DDD will be coming out for audit. Program will also be sending out formal written notification of the audit with more specific details. Outcomes of the audit finding can be forwarded to your office for your review of audit proceedings.

As for the change in date, it was an oversight between the Crisis exemption and the Exemption from bid requests. Mentioned in the request is that this individual has intimidated most providers here on Oahu and Maui. There is only one provider at this time willing to accommodate this individual in the provision of services.

Your assistance and favorable review of this request is greatly appreciated. Should you have any further questions or concerns regarding this issue, please contact me at 586-5840 or Trudy Murakami, Public Health Administrative Officer VI.